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MARTIN & FERRARO, LLP

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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3738
Examiner Bruce E. Snow

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 09/921,844

Gary K. Michelson

Filed: August 3, 2001

SPINAL IMPLANT SURFACE CONFIGURATION

Attorney Docket No. 101.0084-01000

Customer No. 22882

Confirmation No.: 8295

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 24

Date: October 9, 2007

Confirmation Copy to Follow: NO

Message:

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I hereby certify that the attached Transmittal Form (in duplicate) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on October 9, 2007.


David M. Kogan

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FORM PTO-1083

Attorney Docket No.: 101.0084-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 09/921,844

Filed: August 3, 2001

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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated July 9, 2007 in the above-identified application.

☒ No additional fee is required.☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	117	-	127	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ The total amount of \$***.00 to cover the ***-month extension fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: October 9, 2007

By: 

Amedeo F. Ferraro

Registration No. 37,129

1557 Lake O'Pines Street, NE
Hartsville, Ohio 44632
Telephone: (310) 286-9800
Facsimile: (310) 286-2795

FORM PTO-1083

Attorney Docket No.: 101.0084-01000
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TOTAL CLAIMS FEE	117	-	127 **	0	LG=\$60 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

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Respectfully submitted,

MARTIN & FERRARO, LLP

Date: October 9, 2007

By: 

Amadeo F. Ferraro

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated July 9, 2007, please amend the application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 16 of this paper.

Amendment 10-09-07